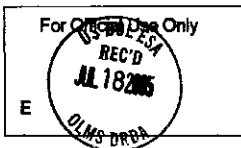


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



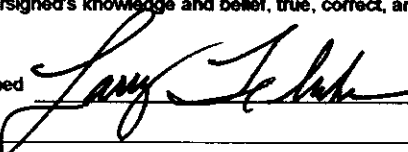
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3264	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name LARRY E. FLUKE P.O. Box, Bldg., Room No., if any Street 59327 WHITE CLOUD CIRCLE City SOUTH BEND State Indiana ZIP Code + 4 46614	4. Name, file number, and address of labor organization. Name UAW INTERNATIONAL UNION Labor Organization File Number 000149 P.O. Box, Building and Room Number, if any Street 8000 EAST JEFFERSON AVE City DETROIT State Michigan ZIP Code + 4 48214
5. Position in labor organization. Int'l Auditor	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 07/03/2004 Date	(574) 251-0298 Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SIMERI'S OLD TOWN TAO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1505 WEST INDIANA AVE

City SOUTH BEND

State Indiana

ZIP Code + 4 46613

9. Business deals with:

a. Labor Organization

b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LEAR CORPORATION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street P.O. BOX 4239

City HAMMOND

State Indiana

ZIP Code + 4 46324-0239

11.a. Nature of such dealing.

CATERING FOOD AND REFRESHMENTS LEAR CORPORATION AND UAW LOCAL 2335 FOR MEETINGS.

11.b. Approximate dollar value of such dealing.

\$950

12.a. Nature of interest held or income received.

WIFE IS OWNER OF SIMER'S OLD TOWN TAP

12.b. Amount.

\$32,000

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing LARRY FLUKE

File Number U-3264

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SIMERI'S OLD TOWN TAO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1505 WEST INDIANA AVE

City SOUTH BEND

State Indiana

ZIP Code + 4 46613

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UAW LOCAL 5

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1426 SOUTH MAIN STREET

City SOUTH BEND

State Indiana

ZIP Code + 4 46613

11.a. Nature of such dealing.

CATERING FOOD AND REFRESHMENTS FOR UAW LOCAL 5 FOR EDUCATION CLASSES AND ELECTIONS FOR ELECTION COMMITTEES.

11.b. Approximate dollar value of such dealing.

\$430

12.a. Nature of interest held or income received.

WIFE IS OWNER OF SIMER'S OLD TOWN TAP

12.b. Amount.

\$32,000

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SIMERI'S OLD TOWN TAO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1505 WEST INDIANA AVE

City SOUTH BEND

State Indiana

ZIP Code + 4 46613

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ST. JOSEPH & LAPORTE COUNTY UAW CAP COUNCIL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1426 SOUTH MAIN STREET

City SOUTH BEND

State Indiana

ZIP Code + 4 46613

11.a. Nature of such dealing.

CATERING FOOD AND REFRESHMENTS FOR ST. JOSEPH AND
LAPORTE JOINT COUNTY CAP COUNCILS FOR MEETINGS AND
PROGRAMS

11.b. Approximate dollar value of such dealing.

\$940

12.a. Nature of interest held or income received.

WIFE IS OWNER OF SIMER'S OLD TOWN TAP

12.b. Amount.

\$32,000

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.